

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MW       |        | 04-04    |
| O.I.P.E. CLASSIFIER       | off      | 1020   | 05/09/01 |
| FORMALITY REVIEW          | lee      | 907    | 7-12-01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 4/19/01 |
| 2     | ✓     | ✓        |         |
| 3     | ✓     | ✓        |         |
| 4     | ✓     | ✓        |         |
| 5     | ✓     | ✓        |         |
| 6     | ✓     | ✓        |         |
| 7     | ✓     | ✓        |         |
| 8     | ✓     | ✓        |         |
| 9     | 0     | 0        |         |
| 10    | 0     | 0        |         |
| 11    | 0     | 0        |         |
| 12    | 0     | 0        |         |
| 13    | 0     | 0        |         |
| 14    | ✓     | ✓        |         |
| 15    | ✓     | ✓        |         |
| 16    | ✓     | ✓        |         |
| 17    | 0     | 0        |         |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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120  
5/10/01